

This cover sheet should be submitted for each person seeking reimbursement. You can request reimbursement for more than one bill on one coversheet.

Carefully review the checklist before mailing your reimbursement request.

Full Name: _____

Account ID / Case #: _____ **Medicaid ID #:** _____

Mailing Address: _____

Documentation checklist for reimbursement – all requests must include the following. Handwritten documentation will not be accepted:

- Patient's first and last name.
- Provider name and the address where the medical services were received. P.O. Boxes are not acceptable. Contact your provider to request this information.
- Service date(s), description of service, the five-digit procedure code for service(s) received during a visit or for a medical item (this is not Diagnosis Code). Contact your provider to request this information.
- If Pharmacy (Rx) Prescription: fill date, drug name with 11-digit National Drug Code (NDC), quantity and strength of each drug dispensed. Contact your provider to request this information.
- Proof of payment, such as a bank statement/credit card statement, canceled check, money order, or printed receipt from the provider.
- If one payment was made for more than one service, the receipt must show the dollar amount for each service.

Unpaid medical bills, bills in collections and health insurance premiums should NOT be submitted. Reimbursement is only possible for paid out-of-pocket medical expenses.

NOTICE: Any person who knowingly files a statement of claim containing any misrepresentation or any false, incomplete or misleading information may be guilty of a criminal act punishable under law and may be subject to civil penalties.

Note: If something is missing, we will reach out for more information. This may delay your reimbursement request.